



110TH CONGRESS
1ST SESSION

S. 2352

To amend title XVIII of the Social Security Act to provide Medicare beneficiaries greater choice with regard to accessing hearing health services and benefits.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 14, 2007

Mr. JOHNSON (for himself, Mr. COLEMAN, Mr. HARKIN, and Mr. MENENDEZ) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide Medicare beneficiaries greater choice with regard to accessing hearing health services and benefits.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Medicare Hearing
5 Health Care Enhancement Act of 2007".

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Approximately 30,000,000 Americans exper-
9 ience some degree of hearing loss and by 2030 that

1 number is expected to increase to 78,000,000 Ameri-
2 cans.

3 (2) Hearing impairment is one of the most
4 common conditions affecting older adults, with ap-
5 proximately 33 percent of Americans aged 60 years
6 and over, and 40 to 50 percent of those aged 75
7 years and older, experiencing hearing loss.

8 (3) Hearing loss is a major barrier to partici-
9 pating in society, both economically and socially.

10 (4) Hearing loss among senior citizens, if left
11 untreated, can result in isolation and depression.

12 (5) The Department of Veterans Affairs allows
13 veterans to directly access audiologists and has re-
14 ported that this policy, adopted in 1992, provides
15 high-quality, efficient, and cost-effective hearing
16 care.

17 (6) The Office of Personnel Management allows
18 Federal employees and Members of Congress to di-
19 rectly access audiologists through the Federal Em-
20 ployees Health Benefits Program.

21 (7) Audiologists are licensed in each State and
22 the District of Columbia and the scope of services
23 furnished by audiologists is determined by each such
24 jurisdiction involved.

(8) Consistency in Federal policy with respect to hearing health care services should be encouraged to the greatest extent possible.

SEC. 3. ENABLING MEDICARE BENEFICIARIES TO HAVE THEIR CHOICE OF QUALIFIED HEARING HEALTH CARE PROVIDERS.

Section 1861(l)(2) of the Social Security Act (42 U.S.C. 1395x(l)(2)) is amended by inserting before the period at the end the following: “, without regard to any requirement that the individual receiving the audiology services be under the care of (or referred by) a physician or other health care practitioner or that such services are provided under the supervision of a physician or other health care practitioner”.

SEC. 4. INCLUSION OF AUDIOLOGY SERVICES AS MEDICAL SERVICES UNDER MEDICARE PART B; PAYMENT FOR SUCH SERVICES.

(a) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) in subparagraph (Z), by striking “and” at the end;

(2) in subparagraph (AA), by inserting “and” at the end; and

(3) by adding at the end the following new subparagraph:



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1 “(BB) audiology services (as defined in sub-
2 section (ll)(2));”.

3 (b) PAYMENT UNDER THE PHYSICIAN FEE SCHED-
4 ULE.—Section 1848(j)(3) of such Act (42 U.S.C. 1395w-
5 4(j)(3)) is amended by inserting “(2)(BB),” after
6 “(2)(AA),”.

7 **SEC. 5. CONSTRUCTION; EFFECTIVE DATE.**

8 (a) CONSTRUCTION.—Nothing in the amendments
9 made by this Act shall be construed to expand the scope
10 of audiology services for which payment may be made
11 under title XVIII of the Social Security Act on December
12 31, 2007.

13 (b) EFFECTIVE DATE.—The amendments made by
14 this Act shall take effect with respect to services furnished
15 on or after January 1, 2008.

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